



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800003

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HARDWICK HOUSE OF PIZZA, INC.**

DOING BUSINESS AS

ADDRESS **76 MAIN STREET**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01037**

MANAGER: **NASSIOS,  
ATHENA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**SELF CONTAINED GROUND FLOOR BUILDING. INSIDE CONSIST OF A COMFORTABLE DINING ROOM WITH BOOTHS FOR SEATING, KITCHEN WITH OVENS AND COOKING EQUIPMENT, EXHAUST HOOD AND A CELLAR USED FOR STORAGE AND REST ROOMS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800006

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DUNROAMIN COUNTRY CLUB INC.**

DOING BUSINESS AS

ADDRESS **262 LOWER ROAD**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01037**

MANAGER: **STAITI, ANTHONY** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**CELLAR FLOOR, FOUR ROOMS, PATIO AND LAWN**

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800007

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JOHN J. WEIR POST #246 AM.LEG.BLDG.ASSOC.INC.**

DOING BUSINESS A

ADDRESS **14 PROSPECT ST.**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01037**

MANAGER: **SZCZEPANEK,  
JOSEPH**

TYPE OF LICENSE: **General on  
premise**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**A TWO STORY BUILDING WITH DRINKS BEING SERVED IN THE THE MAIN HALL  
DOWNSTAIRS ONLY.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800010

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HANS & HANS INC.**

DOING BUSINESS AS **HARDWICK MARKET & PACKAGE STORE**

ADDRESS **232 MAIN ST**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01037**

MANAGER: **HANS, SATNAM**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FREIGHT DELIVERY THROUGH ENTRANCE ON RIGHT FRONT. EXITS AND ENTRANCES THROUGH THE FRONT OF THE BUILDING**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800012

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SOUTH BARRE ROD & GUN CLUB**

DOING BUSINESS AS

ADDRESS **2626 BARRE ROAD**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01037**

MANAGER: **MORRISON, PAUL** TYPE OF LICENSE: **Club**  
**W.**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**A ONE STORY WOODEN FRAME BLDG. WITH DECK ENTRANCES AND EXITS LOCATED ON THE EAST (HANDICAP RAMP), WEST AND SOUTH SIDES OF BLDG.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800013

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HARDWICK ROD & GUN CLUB, INC.**

DOING BUSINESS AS

ADDRESS **THRESHER ROAD**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01037**

MANAGER: **DUNBAR,  
DONALD R.**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**A ONE STORY BLDG. ON TOP OF A FULL FINISHED CELLAR, TWO ENTRANCE AND EXITS  
LOCATED ON THE FIRST AND SECOND FLOOR.**

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800021

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **AUDREY D. SAMEK**

DOING BUSINESS AS **HARDWICK VINEYARDS & WINERY**

ADDRESS **3305 GREENWICH RD**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01082**

MANAGER:

TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FOUR STORY BUILDING, THREE ENTRANCES AND EXITS**

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3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800022

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HARDWICK GENERAL STORE, INC.**

DOING BUSINESS AS **HARDWICK PROVISIONS**

ADDRESS **1839 LOWER ROAD**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01031**

MANAGER: **WESTMAN,  
WILLIAM**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**24 X32 POST AND BEAM COUNTRY STORE. ENTRANCE FROM PARKING LOT THROUGH PORCH, EXIT OUT BACK DOOR**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800024

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **EAGLE HILL FOUNDATION OF MA.,INC.**

DOING BUSINESS AS **EAGLE HILL SCHOOL**

ADDRESS **242 OLD PETERSHAM ROAD**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01031**

MANAGER: **MC**

TYPE OF LICENSE: **General on  
premise**

CATEGORY: **All Alcohol**

**DONALD,PETER J.**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**A 6,000 SQ. FT. BANQUET HALL 3,000 SQ. FT. KITCHEN AND STORAGE FACILITY.950 SQ. FT. CAFÉ.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*239 Causeway Street*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800025

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ROSE 32 BREAD**

DOING BUSINESS A

ADDRESS **412 MAIN STREET**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01031**

MANAGER: **MITCHELL,  
GLENN**

TYPE OF LICENSE: **General on  
premise**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY FRAME BUILDING FORMERLY A SERVICE STATION...FULLY RENOVATED  
AND EQUIPPED BAKERY/SANDWICH SHOP**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800026

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CLOVER HILL COUNTRY STORE INC.**

DOING BUSINESS AS **CLOVER HILL COUNTRY STORE INC.**

ADDRESS **1839 LOWER ROAD**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01031**

MANAGER: **MANCINI,  
STEVEN C.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY WOOD BLDG; ONE ENTRANCE AND TWO EXITS; TOTAL SQ FT 1456**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049800027

CITY OR TOWN **HARDWICK**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ALAN MOLIN**

DOING BUSINESS AS **MOLIN FARM**

ADDRESS **1773 PETERSHAM ROAD**

CITY/TOWN: **HARDWICK**

STATE: **MA**

ZIP CODE: **01031**

MANAGER: **MOLIN, ALAN**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**25X35 FT...FARM STAND WHICH SELLS LOCAL ITEMS..THERE IS TWO DOORS ONE  
FACING RT. 32A AND A SIDE DOOR FACING SOUTH...TWO LARGE GARAGE DOORS THAT  
ARE OPEN DURING BUSINESS HOURS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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